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## FEC FORM 3X

## REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

	For Other Than An Auti	nonzea Committee	Office Use Only
NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼	Example: If typing, type over the lines.	12FE4M5
Michigan First PAC			
ADDRESS (number and street)	901 N Washington Street		
Check if different	Suite 700		
than previously reported. (ACC)	Alexandria		VA 22314-1535 – L 1
2. FEC IDENTIFICATION N	UMBER ▼ CIT	"Y ▲	STATE ▲ ZIP CODE ▲
C C00495317		S THIS NEW (N) OF	AMENDED (A)
4. TYPE OF REPORT (Choose One)	(b) Monthly Report Due On:	20 (M2) May 20 (M	Aug 20 (M8) Nov 20 (M (Non-Election Year Only)
(a) Quarterly Reports:	Mar Mar	20 (M3) Jun 20 (M	6) Sep 20 (M9) Dec 20 (M (Non-Election Year Only)
April 15	Apr	20 (M4) Jul 20 (M7	') Oct 20 (M10) Jan 31 (YE
Quarterly Report (0	(c) 12-Day	Primary (12P)	General (12G) Runoff (12F
Quarterly Report (C	PRE-Election Report for the:	Convention (12C)	Special (12S)
October 15 Quarterly Report (0	Q3)	M = M / D = D	/ Y Y Y Y in the
January 31 Year-End Report ()	YE) Electio	n on	State of
July 31 Mid-Year Report (Non-electic Year Only) (MY)	POST-Election Report for the:	General (30G)	Runoff (30R) Special (30
Termination Report (TER)	Electio	n on	in the State of
5. Covering Period 07	7 01 7 2016	through 09	M / D D / Y Y Y Y Y Y 14 14 2016
certify that I have examined th	nis Report and to the best of	my knowledge and belief it is	true, correct and complete.
Type or Print Name of Treasure	er Theodore V. Koch		
Signature of Treasurer Theo	odore V. Koch	[Electronically Filed]	Date 09 / 15 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
NOTE: Submission of false, erron	neous, or incomplete information	n may subject the person signing	g this Report to the penalties of 2 U.S.C. §437
Office Use			FEC FORM 3X Rev. 12/2004